

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) CLIMATE HAWKS VOTE POLITICAL ACTION		FEC IDENTIFICATION NUMBER ▼ C C00548461	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y 11 / 06 / 2016</div>	

Full Name of Payee Facebook			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 04 / 2016		
Mailing Address 1 Hacker Way			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">946.35</div>		
City Menlo Park	State CA	Zip Code 94025			
Purpose of Expenditure Online Ads		Category/ Type	Transaction ID : SE.6156 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 04 / 2016		
Name of Federal Candidate CARROLL, MORGAN, , , <div style="display: inline-block; vertical-align: middle;"> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div>			Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CO		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">946.35</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		
City	State	Zip Code			
Purpose of Expenditure		Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y		
Name of Federal Candidate <div style="display: inline-block; vertical-align: middle;"> <input type="checkbox"/> Support <input type="checkbox"/> Oppose </div>			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">946.35</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">946.35</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MATHEWS, RICHARD M., ,

[Electronically Filed]

Date

 M M / D D / Y Y Y Y Y Y
 12 / 02 / 2016

Signature